FORM D

MAY 1 6 2007

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

ington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

OMB APPROVAL

OMB Number: 3235-0076

Expires April 30, 2008

Estimated average burden hours per response: 16.00

SEC USE ONLY						
Prefix		Serial				
	1					
	DATE	RECEIVED				

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Name of Offering (c check if this is an amendment and name has changed, and indicate change.)								
LSV: Non-US Equity LLC (f/k/a Goldman Sachs GMS International Equity Advisers 1 (LS	V), L.L.C.): Limited Liability Company Units							
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506	☐ Section 4(6) ☐ ULOE							
Type of Filing: ☐ New Filing ☑ Amendment								
A. BASIC IDENTIFICATION DATA								
Enter the information requested about the issuer								
Name of Issuer (☑ check if this is an amendment and name has changed, and indicate change)							
LSV: Non-US Equity LLC (f/k/a Goldman Sachs GMS International Equity Advisers 1	(LSV), L.L.C.)							
Address of Executive Offices (Number and Street, City, State Zip Code)	Telephone Number (including Area Code)							
One New York Plaza, New York, New York 10004	(212) 902-1000							
Address of Principal Business Operations (Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)							
(if different from Executive Offices)								
Brief Description of Business	LIANN BRITT LARN BRITT BURG BURG BURG BURG BURG BURG BURG BURG							
To operate as a private investment fund. MAY 2 4 2007	1,01,01,11,01,11,01,11,01,11,11,11,11,11							
<u> </u>								
Type of Business Organization THOMSON	07065583							
☐ corporation ☐ limited parties are depthy formed	oti.							
☐ business trust ☐ limited partnership, to be formed	Limited Liability Company							
Month Year								
Actual or Estimated Date of Incorporation or Organization: 0 7 0 5	☑ Actual ☐ Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for								
State: CN for Canada; FN for other foreign j	urisdiction) DE							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

•										
. A. BASIC IDEN'	TIFICATION DATA									
2. Enter the information requested for the following:										
* Each promoter of the issuer, if the issuer has been organized v	vithin the past five years;									
 Each beneficial owner having the power to vote or dispose, or of the issuer; 	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities									
Each executive officer and director of corporate issuers and o	f corporate general and managi	ng partners	of pa	rtnership issuers; and						
Each general and managing partner of partnership issuers.	. ••••p•••••• g••••• = = = =		1	,						
Check Box(es) that Apply:	☐ Executive Officer ☐	Director	<u> </u>	General and/or						
Check Box(cs) that Apply. D Tronocci D Beneficial Owner	E Executive officer E			Managing Partner						
Full Name (Last name first, if individual)										
Goldman Sachs Asset Management, L.P. (the Issuer's Manager)										
Business or Residence Address (Number and Street, City, State, Zip	Code)									
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: Promoter Beneficial Owner	✓ Executive Officer* □ * of the Issuer's Manager	Director		General and/or Managing Partner						
Full Name (Last name first, if individual)										
Aakko, Markus										
Business or Residence Address (Number and Street, City, State, Zip	Code)									
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* □* of the Issuer's Manager	Director		General and/or Managing Partner						
Full Name (Last name first, if individual)										
Gottlieb, Jason										
Business or Residence Address (Number and Street, City, State, Zip	Code)									
One New York Plaza, New York, New York 10004				. <u></u>						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* □ * of the Issuer's Manager	Director	<u></u>	General and/or Managing Partner						
Full Name (Last name first, if individual)										
Kelly, Edward										
Business or Residence Address (Number and Street, City, State, Zip	Code)									
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	✓ Executive Officer* □* of the Issuer's Manager	Director		General and/or Managing Partner						
Full Name (Last name first, if individual)										
Kramer, J. Douglas										
Business or Residence Address (Number and Street, City, State, Zip	Code)									
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: □ Promoter □ Beneficial Owner	✓ Executive Officer* □* of the Issuer's Manager	Director		General and/or Managing Partner						
Full Name (Last name first, if individual)										
Ross, Hugh M.										
Business or Residence Address (Number and Street, City, State, Zip	Code)									

General and/or

Managing Partner

Executive Officer*

Director

* of the Issuer's Manager

One New York Plaza, New York, New York 10004

One New York Plaza, New York, New York 10004

Full Name (Last name first, if individual)

☐ Promoter

(Number and Street, City, State, Zip Code)

Beneficial Owner

Check Box(es) that Apply:

Business or Residence Address

Wade, Matthew

				B. IN	FORMAT	TON ABO	OUT OFF	ERING				
											Yes	No
1. Has th	ne issuer sol	d, or does t	he issuer int	end to sell,	to non-accr	edited inve	stors in this	offering?				Ø
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.												
2 What	io tha minim	in					_					
	is the minin uer's Mana table.							atever amo	unt it dete	rmines is	\$	*
											Yes	No
3. Does	the offering	permit join	t ownership	of a single	unit?				•••••		Ø	
4 Enter	the informa	ition reque	sted for eac	h nerson v	vho has bee	n or will b	e naid or a	iven direct	ly or indire	ectly any		
	ission or sir											
	erson to be I											
	tes, list the r ter or dealer							ed are assoc	iated persor	is of such		
	e (Last name	•		- Intermetion	i ioi iiiat oit	oker or dear	ci only.					
run ivani	e (Last nam	z mst, m	iividuaij									
Goldman	, Sachs & C	co.*										
*Althoug	h the securi	ities will be	sold throu	gh Goldma	ın. Sachs &	Co., no co	mmissions	will be paid	l. directly a	r indirectly	, for solici	ting any
purchase	r in any jur	isdiction.						····· oc paire			, 10. 50	
Business	or Residence	e Address (Number and	l Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v York. Ne	w York 10	004								
	Associated I											
States in V	Which Perso	n Lintad III	- Caliaia d	1	- C-1:-:- D-		<u>-</u>					
	'All States"										🗹 А	Il States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	e (Last name					. ,			<u> </u>			<u> </u>
D:	or Residence	A J.J	XI 1 1	C: . C':	0 7:	<u> </u>						
Business	or Residence	e Address (Number and	Street, Cit	y, State, Zip	(Code)						
Name of A	Associated E	roker or D	ealer						-			
	Which Perso											
•	'All States"			•								1 States
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ruii ivame	e (Last name	: mrst, m mc	iividuai)									
Business of	or Residence	Address (Number and	Street, Cit	y, State, Zip	Code)			· · · · · · · · · · · · · · · · · · ·	 		
Name of A	Associated E	roker or D	ealer									
	Which Perso											
(Check "	All States"	or check ind	lividual Stat	es)	•••••	•••••••			• • • • • • • • • • • • • • • • • • • •		🗆	All States
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ומו	(SCI	[42]	[TN]	[TY]	רדיו וו	(VT)	[1/ A]	[W/A]	DWW	[U/I]	(WV)	וממז

[TN] [TX] [UT] [VT] [VA] [WA] [WV]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0	\$ 0
	Equity	\$_	0	\$ 0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	\$ 0
	Other (Specify): Limited Liability Company Units	\$_	1,252,907,353	\$ 1,252,907,353
	Total	\$	1,252,907,353	\$ 1,252,907,353
	Answer also in Appendix, Column 3, if filing under ULOE.	_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Agranata
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_	440	\$ 1,252,907,353
	Non-accredited Investors	_	0	\$ 0
	Total (for filings under Rule 504 only)	_	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of offering		Type of Security	Dollar Amount Sold
	Rule 505		N/A	\$ N/A
	Regulation A	-	N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		Ø	\$ 68,721
	Accounting Fees			\$ 0
	Engineering Fees.			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)			\$ 0
	Total		囡	\$ 68,721

•									
	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXP	ENS	ES A	AND USE OF PI	ROCE	<u>EDS</u>		
	 b. Enter the difference between the aggregate of Question 1 and total expenses furnished in residifference is the "adjusted gross proceeds to the is 	ponse to Part C - Question 4.a.	. Thi	is		\$_	1	1,252,838,632	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.									
					Payments to Officers, Directors, & Affiliates			Payments To Others	
	Salaries and Fees			\$_	0		\$_	0	
	Purchase of real estate			\$_	0		\$_	0	
	Purchase, rental or leasing and installation of mac	hinery and equipment		\$_	0		\$_	0	
	Construction or leasing of plant buildings and faci	lities		\$_	0		\$_	0	
	Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of	_	\$	0	_	\$	0	
	Repayment of indebtedness			° -	0	. –	* - \$	0	
	Working capital			* –	0		ζ-	0	
	• •			φ <u></u> _	0	. <u>.</u>	- د		
	Other (Specify): Limited Liability Company Un			\$_ _		•	\$ _	1,252,838,632	
	Column Totals			\$_	0	. Ø	\$_	1,252,838,632	
	Total Payments Listed (column totals added)								
		D. FEDERAL SIGNATUI	RE						
fe	the issuer has duly caused this notice to be signed bllowing signature constitutes an undertaking by the f its staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Se	curiti	ies an	d Exchange Comn	nission,	upor		
	ier (Print or Type)	Signature			Date				
GN	V: Non-US Equity LLC (f/k/a Goldman Sachs 1S International Equity Advisers 1 (LSV), C.)	Caroni			Мау <u>[Ч</u> , 2007				
Name of Signer (Print or Type) Caroline Kraus Title of Signer (Print or Type) Assistant Secretary of the Issuer's Manager									
		L							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END